

12-10-01

11/03/01  
JC682 U.S.  
PTO

Please type a plus sign (+) inside this box



Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

Peter Zdziech, Jr.

Title

Express Mail Label No.

A  
JC971 U.S. PTO  
10/008666  
11/03/01

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages **12**]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [ Total Sheets **3** ]
- Oath or Declaration [ Total Pages **15** ]
  - Newly executed (original or copy)
  - Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
  - DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b)
- Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation    Divisional    Continuation-in-part (CIP)

of prior application No. \_\_\_\_\_ / \_\_\_\_\_

Prior application information:

Examiner \_\_\_\_\_

Group Art Unit. \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			or	<input checked="" type="checkbox"/> Correspondence address below
Name	Matthew J. Peirce, Esq. 1550 Starlight Canyon Avenue				
Address					
City	Las Vegas	State	NV	Zip Code	89123
Country	USA	Telephone	(702) 366-9990	Fax	ext #9991

Name (Print/Type)	Matthew J. Peirce	Registration No. (Attorney/Agent)	41,245
Signature			
Date	11/1/01		

Burden Hour Statement. This form is estimated to take 0 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 370.00)

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	Peter Zdziech, Jr.
Examiner Name	
Group Art Unit	
Attorney Docket No.	

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.

Deposit Account Number	
Deposit Account Name	

Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.  
See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify) _____			

SUBTOTAL (1) (\$ 370.00)

## 2. EXTRA CLAIM FEES

Total Claims	<input type="checkbox"/>	-20** = <input type="checkbox"/>	X <input type="checkbox"/>	= <input type="checkbox"/>	Fee from below	Fee Paid
Independent Claims	<input type="checkbox"/>	- 3** = <input type="checkbox"/>	X <input type="checkbox"/>	= <input type="checkbox"/>		
Multiple Dependent	<input type="checkbox"/>		<input type="checkbox"/>	= <input type="checkbox"/>		

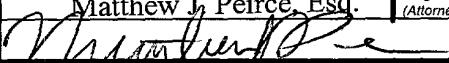
## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 80	202 40	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 80	209 40	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*or number previously paid, if greater. For Reissues, see above

SUBTOTAL (3) (\$)

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Matthew J. Peirce, Esq.	Registration No (Attorney/Agent)	41,245	Telephone 702-862-4347
Signature			Date	11/11/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.